AMENDMENTS TO THE CLAIMS

1 (Canceled).

2 (New). A method of providing left side cardiac support comprising

introducing an intake cannula into the left ventricle, the intake cannula being coupled to a blood pump,

introducing a fluid delivery conduit into the left atrium, the fluid delivery conduit being in communication with a fluid source,

operating the blood pump to intake blood from the left ventricle through the intake cannula, and

delivering fluid from the fluid source through the fluid delivery conduit into the left atrium when a condition of negative pressure exists in the left atrium.

3 (New). A method as in claim 2

wherein delivery of fluid reduces a pressure differential between the blood within the left atrium and the air outside of the heart.

4 (New). A method as in claim 2

wherein delivery of fluid eliminates a pressure differential between the blood within the left atrium and the air outside of the heart.

5 (New). A method as in claim 2

wherein the intake cannula is disposed in a generally coaxial fashion within the fluid delivery conduit.

6 (New). A method as in claim 2

wherein the intake cannula is introduced into the left ventricle by insertion through the left atrium and passage through the mitral valve.

7 (New). A method of providing left side cardiac support comprising

introducing an outer cannula into the left atrium, the outer cannula being in communication with a fluid source,

introducing an inner cannula through the outer cannula into the left atrium and through the mitral valve into the left ventricle, the inner cannula being coupled to a blood pump,

operating the blood pump to intake blood from the left ventricle through the inner cannula, and delivering fluid from the fluid source through the outer cannula into the left atrium when a condition of negative pressure exists in the left atrium.

8 (New). A method as in claim 7

wherein delivery of fluid reduces a pressure differential between the blood within the left atrium and the air outside of the heart.

9 (New). A method as in claim 7

wherein delivery of fluid eliminates a pressure differential between the blood within the left atrium and the air outside of the heart.

10 (New). A method as in claim 7

wherein the inner cannula is disposed in a generally coaxial fashion within the outer cannula.

11 (New). A method of providing right side cardiac support comprising

providing a fluid delivery cannula in communication with a fluid source,

providing a cannula assembly including an outer cannula and an inner cannula, the cannula assembly being coupled to a blood pump,

introducing the fluid delivery cannula into the right atrium,

introducing the outer cannula into the right atrium,

introducing the inner cannula into the pulmonary artery,

operating the pump to intake blood from the right atrium through the outer cannula and to output blood into the pulmonary artery through the inner cannula, and

delivering fluid from the fluid source through the fluid delivery cannula into the right atrium when a condition of negative pressure exists in the right atrium.

12 (New). A method as in claim 11

wherein the inner cannula is disposed in a generally coaxial fashion within the outer cannula.

13 (New). A method as in claim 11

wherein the outer cannula is introduced into the right atrium through the fluid delivery cannula.

14 (New). A method as in claim 11

wherein the inner cannula is introduced into the pulmonary artery by passage from the right atrium through the tricuspid valve, through the right ventricle, and through the pulmonary valve.

15 (New). A method of providing right side cardiac support comprising

providing a fluid delivery cannula in communication with a fluid source,

providing a cannula assembly including an outer cannula including an intake aperture and an inner cannula being disposed in a generally coaxial fashion within the outer cannula and including a distal tip having a pre-formed curve, the cannula assembly being coupled to a blood pump,

introducing the fluid delivery cannula into the right atrium,

introducing the outer cannula to position the intake aperture in the right atrium,

introducing the inner cannula through the outer cannula into the pulmonary artery, the pre-formed curve guiding the inner cannula through the pulmonary valve into the pulmonary artery,

operating the pump to intake blood from the right atrium through the intake aperture and to output blood into the pulmonary artery through the inner cannula, and

delivering fluid from the fluid source through the fluid delivery cannula into the right atrium when a condition of negative pressure exists in the right atrium.

16 (New). A method as in claim 15

wherein the outer cannula is introduced through the fluid delivery cannula.

17 (New). A method as in claim 15

wherein the inner cannula is introduced into the pulmonary artery by passage from the right atrium through the tricuspid valve, through the right ventricle, and through the pulmonary valve.

18 New). A method as in claim 15

wherein the pre-formed curve is positioned in the right ventricle.

19 (New). A method as in claim 15

wherein the pre-formed curve is positioned in the pulmonary artery.